STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobb	oyist(s)	GRE	GOR	y Mo	OPF			DEPARTMENT OF
II. Name of lobb	yist's part	vership,	firm or co	rporation, if a	wy:			
AMERIC	:dx. <	FOR	Fa	oration)	5. 11 h	<i>C</i> 1 ,	Llamos	WIPE
	(Name of p	armership,	firm or corp	oration)			/ 4/1/11-0	7. 1. 2
340 GR. Business Address:	4.1152	ST	#201	MA	HKK FLOD	ΛX	1	03107
Business Address:	(Street)		1	(Town/City)	WO ST CIC	(State	;)	(Zip Code)
(Telephe	one)		- () <u>-</u>	(Fax)	e-mail	27/1 401CE	e AFPHQ. URG
	nt covers:	(Choose	one – file s	eparate repo	rts for each	client, OF		e a separate report for
All reportable	transaction	is occum	ng in the m	onths prior to	the reporting	g date relai	rive to the follo	owing client;
. (<i>-</i> \	POZITY -				
OR	(Full	Name of (lient as it sŋ	pears on the Lo	bbyist Regist	ration Form)	
,	transaction articular cl	s by the lo	obbyist (inc	cluding the lob	byist's famil	y), or the	lobbying firm	listed below which are
IV. Date of Repo	rt Apri activity fron	il 26, 201 n <i>date of re</i>		o 2/31/17	•	y 26, 2017 om 4/1/17 to		
	Oct	ober 25, 2			Jan	uary 31, 2		
V. There have I If this box is check Concord, NH 033	ked, comple	es receiv	ed and n s form and	o reportable submit it to th	transactio e Secretary	ns made of State's	since the las Office, State H	it report. Gouse, Room 204,
VI. Check if addi	itional ren	nete ara a	ttoched:					
If you have re	-			es, vou must fi	le Addendu	ım A– Fee	s and Exmense	•c
☐ If you have p Expense Reimbur	aid an hono							
□ If you, your fi	rm, or you	family h	as made po	litical contribu	itions, you n	nust file A	ddendum C-	Political Contributions
Sworn Statement I have read RSA 1 and complety to the	5, RSA 15-	B, RSA 1	4-C and R	SA 664 and he	явbу swear (or affirm t	hat the forego	ing information is true
	€7		<u> </u>		17	9/10	/	_
(Signature A lob)	(Vist)	10071		_	<u>/ (G</u>	P/17	$\sqrt{\frac{2017}{\text{(Data)}}}$	<u>.</u>
	1/1					/	(242)	
Print Name of lol	<u>////o</u> の bbvist)	(de		_				

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

NEW HAMPSHIRE DEPARTMENT OF STATE

- A	DEPARTMENT
I Name of Lobbyist(s) GREGORY MoorE	· · · · · · · · · · · · · · · · · · ·
II. Name of lobbyist's partnership, firm or corporation, if any:	
AMBRICANS FOR PROSPERITY - NEW HAY (Name of partnership, firm or corporation)	NPSHYR6
	, ,
III. Name of Client SAME	Date 10/19/2017
	/ /
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr	it relations, or public relations service
reduced by any expenses:	loss tee amount reported shall not t
a) Total of all fees received in this reporting period	s)s 3,047.50
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>25,33/.03</u> (ear)
c) Total of all fees received to date (Add lines a and b)	c)s 28,378.53
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses. Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report. Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai expenses; (b) the aggregate total of a sele: meals purchased during a business ses than \$10 that is given to the personed with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported in a large of \$25 and aggregate. 	a)\$
in a), of \$25 or less.	6) \$ 45.91 c) \$ 241.95
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u> </u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) 8 287.86
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$918.94
f) Total of all expenses year to date	ns 1,366.80
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
FOOD & DRINKS FOR AFP-NH SCORSLAND	s_Z41.95
FOOD & DRINKS FOR AFP-NH SCARRARD	\$
	\$
	\$
	\$
	\$

Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
and the second s	/)
Ang h	10/19/2017
(Signature of Jobbyist)	(Date)
(Print Name of lobbyist)	
(x time regime of 1000à 12t)	RECEIVED

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